

PART B: ENROLLMENT FORM FOR PARENT/CARETAKER FOR LEGALLY EXEMPT GROUP CHILD CARE PROGRAM

Part B must be completed by the parent/caretaker enrolling his/her child(ren) receiving subsidy in a legally exempt group child care program.

Section 1: Program Information

Program Information					
Child Care Program's Legal Name: Associated Beth Rivkah Schools			Enrollment Number (if known) 499769		
Site Address: Street Address 470 Lefferts Avenue	Apt/FI #	City Brooklyn	State NY	Zip Code 11225	County Kings

Section 2: Parent/Caretaker Information

Parent/Caretaker Information:					
Name: First		Last (Please include any ALIASES or MAIDEN names in parentheses.)		MI	Suffix
Date of Birth / /	Gender	Home Phone () -		Work Phone () -	
Cell Phone () -		Email Address			
Home Address: Street Address		Apt /FI #	City	State	Zip Code County
Mailing Address: Street Address/P.O. Box <input type="checkbox"/> Same as above		Apt/FI #	City	State	Zip Code
Subsidy Paying County		Preferred Language			

(For Enrollment Agency Use)

Received Date: / /	Completed Date: / /
CCFS ID:	Facility Name:

Section 3: Children Receiving Subsidy

Child's Information				
Name, First:	Last:	MI:	Date of Birth: / /	Gender:
Who will be responsible for meals/snacks? (Check one.) <input checked="" type="checkbox"/> Program <input type="checkbox"/> Parent		Who will administer medication? (Check one.) <input type="checkbox"/> Program (must meet requirements as stated in the instructions) <input checked="" type="checkbox"/> Parent		

Child's Information				
Name, First:	Last:	MI:	Date of Birth: / /	Gender:
Who will be responsible for meals/snacks? (Check one.) <input type="checkbox"/> Program <input type="checkbox"/> Parent		Who will administer medication? (Check one.) <input type="checkbox"/> Program (must meet requirements as stated in the instructions) <input type="checkbox"/> Parent		

Child's Information				
Name, First:	Last:	MI:	Date of Birth: / /	Gender:
Who will be responsible for meals/snacks? (Check one.) <input type="checkbox"/> Program <input type="checkbox"/> Parent		Who will administer medication? (Check one.) <input type="checkbox"/> Program (must meet requirements as stated in the instructions) <input type="checkbox"/> Parent		

Child's Information				
Name, First	Last	MI	Date of Birth / /	Gender
Who will be responsible for meals/snacks? (Check one.) <input type="checkbox"/> Program <input type="checkbox"/> Parent		Who will administer medication? (Check one.) <input type="checkbox"/> Program (must meet requirements as stated in the instructions) <input type="checkbox"/> Parent		

Child's Information				
Name: First:	Last:	MI:	Date of Birth: / /	Gender:
Who will be responsible for meals/snacks? (Check one.) <input type="checkbox"/> Program <input type="checkbox"/> Parent		Who will administer medication? (Check one.) <input type="checkbox"/> Program (must meet requirements as stated in the instructions) <input type="checkbox"/> Parent		

Section 4: Parent/Caretaker Certification

To the best of my knowledge, I hereby affirm that the information provided on *Part B* of this form is true and complete. I understand that the information is subject to verification and that making a materially false statement or affirmation may result in denial or termination of the enrollment, social services terminating child care subsidy payments, and/or legal action against the parent/caretaker for deliberately presenting false or misleading information.

Signature of Parent/Caretaker:	Date: / /
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Section 5: On-Site Director Certification

I hereby affirm that I have reviewed *Part B* of this form, and that to the best of my knowledge, the information provided on this form is true and complete. I understand that the information is subject to verification and that making a materially false statement or affirmation may result in denial or termination of the enrollment for deliberately presenting false or misleading information.

Signature of On-Site Director:	Date: / /
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